

# Agreement to Terminate Interest

Banker Name:	Officer/Portfolio Number:	Date:
Banker Phone:	Store Number:	Banker AU:
		Banker MAC:

This Agreement amends (Part A), or revokes a prior amendment (Part B), of the Consumer or Business Account Agreement, as applicable ("Account Agreement"), between all account owners ("You") and the Bank which governs the deposit account(s) identified below ("Account(s)"). Unless otherwise stated, all terms used in this Agreement have the same meaning as in the Account Agreement.

## Accounts

Account Number	COID	Product	Account Number	COID	Product

## List All Account Owners

1.	4.
2.	5.
3.	6.

### CHECK ONE:

- ☐ **Amendment (Part A)**      You acknowledge that the Bank offers a variety of both interest and non-interest bearing consumer and business checking and interest bearing savings accounts to its customers. You have represented to the Bank that because of the benefits of the Account(s), you would like to retain the Account(s), but that you do not want to earn interest on the Account(s), and request that the Bank stop paying interest on the Account(s).
- ☐ **Revocation (Part B)**      You have requested that the Bank revoke the previous Agreement to Terminate Interest between you and the Bank which terminated the payment of interest on your Account(s), and that the Bank begin paying interest on the Account(s).

The Bank has agreed to your request. You understand that this Agreement will be effective within three business days after it is signed by both you and the Bank.

You acknowledge that you have read and fully understand this Agreement and that, to the extent you have wanted to, you have had an opportunity to have this Agreement reviewed with your tax and/or legal advisors before signing it.

Customer Signature <b>X</b>	Customer Signature <b>X</b>	Customer Signature <b>X</b>
Customer Signature <b>X</b>	Customer Signature <b>X</b>	Customer Signature <b>X</b>
Date		

Note: Customer signature(s) must be notarized when customer(s) is not present.

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_ (here insert name and title of the officer),

personally appeared \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

(SEAL)

## Agreed to by WELLS FARGO BANK, N.A.

Bank Officer Signature/Title <b>X</b>	Date
Banker Name	Officer Number
Banker Phone Number ( ) -	Date
	AU Number
	Location Number